TO THE EMPLOYER:

Please complete the employment information on the reverse side of this form verifying the applicant’s employment under your direct supervision. If additional space is needed, please use another Employment Verification Form or a photocopy of a blank Employment Verification Form.

Signature must be provided by the “Responsible Managing Officer” for California general building contractor corporations.

The Board requires that all Employment Verification Forms submitted for an applicant contain the original signature of the employer. Copies, rubber stamps, or other reproductions of the signature will not be accepted. In addition, forms containing strikeouts or corrections will not be accepted.

CALIFORNIA ARCHITECTS BOARD
## EMPLOYMENT VERIFICATION FORM

**APPLICANT MUST COMPLETE SECTIONS I ONLY**

*TYPE OR PRINT CLEARLY IN INK*

### I. Applicant

Applicant is required to complete section I of this form prior to sending it to the employer. Please remember that making or giving any false information in connection with an application for examination and/or licensure may be grounds for denial, suspension, or revocation of a license to practice architecture.

<table>
<thead>
<tr>
<th>Name</th>
<th>ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
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<tr>
<td></td>
<td>Middle</td>
</tr>
</tbody>
</table>

Known By Any Other Name: ____________________________________  Birthdate: ____________

Address: _____________________________________________________________________

City: __________________________ State: ______ Zip: ________ Country: ______________

Work Phone: ( ) ________________  Home Phone: ( ) ________________

☐ CHECK BOX IF ABOVE IS A CHANGE OF ADDRESS

Filing Status - Please Check Appropriate Category Only

☐ ARE  ☐ CSE  ☐ RECIPROCITY

### II. Employer and/or Supervisor

This will certify that to the best of my knowledge and as indicated in the records of this office, the above-named person worked under my direct supervision performing architectural duties for the following time period.

**Month/Day/Year**

From: _______ _______ _______ To: _______ _______ _______ Full-Time ☐ Part-Time ☐ Hours/Week: _______

From: _______ _______ _______ To: _______ _______ _______ Full-Time ☐ Part-Time ☐ Hours/Week: _______

Name of Firm: ______________________________________  Work Phone: ( ) ________________

Address: _____________________________________________________________________

City: __________________________ State: ______ Zip: ________ Country: ______________

During the time period shown above, my professional status was as follows:

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
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<tr>
<td></td>
<td>Middle</td>
</tr>
</tbody>
</table>

Licensed as: __________________________________________  State of Registration: ______________

(architect, civil or structural engineer, landscape architect, California general building contractor *)

Individual License #: ________________  Original Date Issued: ________________  Date Expires: ________________

If applicant performed work in a state other than the one listed above, provide employment period for that project and the following information for that state.

**Month/Day/Year**

From: _______ _______ _______ To: _______ _______ _______ Full-Time ☐ Part-Time ☐ Hours/Week: _______

Licensed as: __________________________________________  State of Registration: ______________

(architect, civil or structural engineer, landscape architect, California general building contractor *)

Individual License #: ________________  Original Date Issued: ________________  Date Expires: ________________

I certify under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Original Signature: ____________________________________  Current Date: ________________

(Print Name: _________________________________________  (Please do not sign in black ink))

* See reverse